

# RSU5 Community Programs

## Incident Report (for behavior related incidents)

Participant's Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Male/Female

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Person reporting: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe the incident : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How was it resolved? \_\_\_\_\_

\_\_\_\_\_

Was parent/guardian contacted? If yes, name & phone of person spoken with and response:

\_\_\_\_\_

\_\_\_\_\_

Names & Phone Numbers of Witnesses:

Name

Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes:

**Return this form to the CP within 24 hours**

**17 West Street, Freeport, ME 04032**

**Office Phone: 207-865-6171**